

First Aid Representative

THEATER DISTRICT OUTDOOR VENUES

Fish Plaza ◆ Jones Plaza ◆ Root Memorial Square ◆ Sabine Promenade ◆ Sesquicentennial Park

EVENT FIRST AID PLAN

Event Contact:		Title:		
Name of Event:				
Event Date(s):				
Start Time(s):		End Time(s):		
Venue(s):				
Type of Event:			☐ Adult	☐ Youth
Estimated Attendance:		Will Alcohol be Served?	☐ Yes	□ No
Company:		Title:		
Company: Contact: Office Phone:		Title:		
Company: Contact: Office Phone:		Title:		
Company: Contact: Office Phone:		Title: Mobile Phone:	led	
Company: Contact: Office Phone: FIRST AID SCHEDULE:	Number	Title: Mobile Phone: Time Schedul	l ed Unti	l:
Company: Contact: Office Phone: FIRST AID SCHEDULE: EMT/Medical Technicians	Number 	Title: Mobile Phone: Time Schedul From:	l ed Unti Unti	l: l:

Please complete and return to:

Date

Convention & Entertainment Facilities Department
Theater District Outdoor Venues
Attn: Event Coordinator
510 Preston Houston, TX 77002
FAX: (713) 250-3669